

I would like to testify on behalf of my mother now deceased, who died at age 74 in 2009, four months after learning she had terminal cancer. It was too widespread to determine its origin and was stage four upon discovery at St Vincent's Hospital in New York. We worked with an oncologist who administered one treatment of chemotherapy as per my mother's wishes, then when it was determined that she would not survive further chemotherapy. She never went into hospice as that requires a relinquishment of all possibility of a cure. We took care of her at home for the most part, and kept her from suffering with my brother's excellent nursing care (he is an RN) She was able to greet dozens of visitors, including her elderly sister who traveled from Florida, her brother from Oregon, and her nephew from Texas. She received the Sacrament of the Sick, communion many times offering her great peace at being able to reconcile her soul with God. She watched an interview with "Left to Tell" author, Rwandan Genocide survivor Immaculee Ilibagiza and, from her example, forgave all those towards whom she had harbored grudges, bringing her and them greater peace and renewed love.

She slept peacefully as her body shut down, and at the moment of death, her three children, and husband were present. She reached up to Dad's face, opening her eyes for a silent, loving last embrace.

Dying is the most important stage of life and the sick should not fear it, but with pain relief and counseling from trusted sources, be guided towards the happy death that my mother had. We did not feel she suffered unnecessarily, and she had minimal emotional distress as she was surrounded by loved ones, and dealt with her spiritual needs. By offering assisted suicide, patients who fear death may be tempted to take advantage of it, and miss the priceless opportunity to get their affairs in order and leave this earth in a state of peace and love.

A note about the use of morphine in terminally ill patients from the [USCCB website](#) is helpful to understand my mother's experience.

In competent medical hands, sedation for imminently dying patients is a humane, appropriate and medically established approach to what is often called "intractable suffering." It does not kill the patient, but it can make his or her suffering bearable. It may also allow a physician the time to re-assess a patient's pain needs: The terminally ill sedated patient may later be withdrawn from the sedatives and brought back to consciousness, with his or her pain under control.

The factual evidence supports these claims. In 1992 the Journal of the American Medical Association (JAMA) reported on 97 terminally ill patients who died after life support was withheld or withdrawn. Sixty-eight of the patients received painkilling drugs or sedatives to relieve pain and other distress while dying—and they lived longer than the patients who did not receive drugs. The study found that the dosages of these drugs were chosen to ensure relief of suffering, not to hasten death.

Leticia Velasquez

Co-founder of [KIDS](#) (Keep Infants with Down Syndrome)
author of "[A Special Mother is Born](#)".